



Salmonellosis Report Form

INTERVIEW

EpiTrax # _____ Interviewer Name: _____

Number of Call Attempts: _____ Date of Interview (must enter MM/DD/YYYY): _____

Follow-up Status: ☐ Interviewed ☐ Refused Interview ☐ Lost to Follow-Up*
Respondent was: ☐ Self ☐ Parent ☐ Spouse ☐ Other, Specify: _____

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

DEMOGRAPHICS

Birth Gender: ☐ Male ☐ Female
Date of Birth: _____ Age: _____
Hispanic/Latino Origin: ☐ Yes ☐ No ☐ Unknown
How would you describe your race? ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other _____ ☐ Unknown

CLINICAL

Did you have any symptoms? ☐ Yes ☐ No ☐ Unknown
If yes, turn to page 3 and record specific symptoms under Investigation.

What date did you start to have symptoms of illness? _____ Onset Date: _____ Onset Time: _____

Calculate Salmonellosis exposure time frame **7 days** before onset

Do not read to patient; however, use the information to assess exposure.

Exposure period: _____

Did you recover? ☐ Yes ☐ No ☐ Unknown
Were you hospitalized? ☐ Yes ☐ No ☐ Unknown

If Yes, Recovery Date: _____ If Yes, Hospital Name: _____

Time Recovered: _____ Admit date: _____ Discharge Date: _____

Died?

☐ Yes ☐ No ☐ Unknown

If Yes, Date of Death: _____

Are you pregnant?

☐ Yes ☐ No ☐ Unknown

If Yes, Expected Delivery Date: _____

Did you receive antimicrobial medication for this illness?

☐ Yes ☐ No ☐ Unknown

Medication Name	Date Started	Date Ended

Additional Clinical Notes:

EPIDEMIOLOGICAL

Occupation: _____

Check all that apply: ☐ Volunteer ☐ Unemployed ☐ Retired

Is this patient a:

Food handler?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Health care worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Group living?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Day care attendee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Day care worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
School attendee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
School employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Lab employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Lab class attendee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

If yes to any, list details for each:

Facility Name(s):	
Address(es):	
Phone Number(s):	

If Yes to any above, did you work or attend while ill? ☐ Yes ☐ No ☐ Unknown

If Yes, Dates Worked or Attended/Notes:

INVESTIGATION

A. Clinical Symptoms

Diarrhea (3 loose stool/day)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, maximum # of stools/24 hours ____
Blood in Stool?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Vomiting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, highest measured temperature (°F) ____
Diagnosed or has symptoms of a urinary tract infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Do you have an underlying immunodeficiency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, specify: _____

B. Exposures - Travel History

Did you travel outside of the USA in the 25 days prior to onset of illness? ☐ Yes ☐ No ☐ Unknown

Location traveled to (i.e., City/Country Resort Information) and Dates traveled: _____

Traveled outside of Kansas, but inside USA? ☐ Yes ☐ No ☐ Unknown

Location traveled to (i.e., City and State Hotel Information) and Dates traveled: _____

Traveled outside of county, but inside Kansas? ☐ Yes ☐ No ☐ Unknown

Cities traveled to in Kansas and Dates: _____

C. Exposures—Risk Factors

In the 7 days prior to onset of illness, did you attend any large gatherings or group events?

☐ Yes ☐ No ☐ Unknown

Event 1: _____

Date: _____

Event 2: _____

Date: _____

Event 3: _____

Date: _____

Please provide additional details about the events attended:

Did you have contact with anyone who had similar symptoms or was diagnosed with Salmonellosis?

☐ Yes ☐ No ☐ Unknown

If yes, list contact, with relationship to case, age, onset date, and predominant symptoms. This information will be reported under “Contacts” in EpiTrax:

<i>Contact Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Onset Date</i>	<i>Predominant Symptoms</i>

D. Exposures - Food History (Section 1)

In the 7 days before illness began did you or your child:

- Have any allergies that prevent you from eating certain foods?
 - If yes, what foods?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Milk ☐ Eggs

☐ Peanuts ☐ Tree Nuts

☐ Fish ☐ Soy

☐ Wheat ☐ Shellfish

☐ Other _____

- Vegetarian or Vegan Diet?
- Special or restricted diet (medical, weight-loss, religious, cultural, etc.):
- Any commercially bottled water in personal-sized containers?
- Any commercially bottled water in large, multi-user tanks or water coolers?
- Any vitamins, nutritional or herbal supplements, such as teas, tablets, pills, etc.?
- Is this case a child under 1 years old?
 - If yes, does the child eat homemade baby food or solid foods?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

If yes, specify: _____

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

If yes, specify: _____

☐ Yes ☐ No

☐ Yes (Proceed to section 2)

☐ No (Proceed to E. Animal Exposures)

Other Exposure—Food History (Section 2)

From what stores was the food that you ate in the home 7 days prior to illness purchased? (If yes, please specify all purchase locations)

- Grocery Stores or Supermarkets?
- Warehouse Stores such as Costco or Sam's Club?
- Small Markets or Mini Markets (gas stations, etc.)?
- Ethnic Specialty Markets (Indian, Mexican, Asian, etc.)?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Store Name(s): _____

Location(s): _____

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Store Name(s): _____

Location(s): _____

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Store Name(s): _____

Location(s): _____

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Store Name(s): _____

Location(s): _____

- Health Food Stores or Co-ops? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Store Name(s): _____
Location(s): _____
- Fish or Meat Specialty Shops (butcher's shop, etc.)? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Store Name(s): _____
Location(s): _____
- Farmer's Markets, Roadside Markets, Food Purchased Directly from Farm? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Store Name(s): _____
Location(s): _____
- Any Other Sources of Food at Home in the 7 days prior? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Store Name(s): _____
Location(s): _____

Other Exposure—Food History (Section 3)

From what stores was the food that you ate outside the home 7 days prior to illness purchased?

- National Fast Food Chain? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Store Name: _____
Location: _____
- Mexican? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Store Name: _____
Location: _____
- Italian? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Store Name: _____
Location: _____
- Seafood? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Store Name: _____
Location: _____
- Chinese, Japanese, Indian, other Asian-style? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Store Name: _____
Location: _____
- BBQ or Homestyle? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Store Name: _____
Location: _____
- Steakhouse or Grill? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Store Name: _____
Location: _____

- Breakfast or Pancake House?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Store Name: _____

Location: _____

- All-you-can-eat Buffet?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Store Name: _____

Location: _____

- School, hospital, or any institutional setting?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Store Name: _____

Location: _____

- Sandwich shop or deli?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Store Name: _____

Location: _____

- Any Event that was catered?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Store Name: _____

Location: _____

- Any Other Food Away from Home?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Store Name: _____

Location: _____

Please provide additional comments for sections 2 and 3:

Other Exposure—Food History (Section 4 – Meat and Poultry)

Now I have a few questions about meat and poultry that you (your child) might have eaten in the 7 days before your (your child's) illness began. This does not include canned items, but the meat and poultry could have been fresh, frozen, or could have been eaten as part of dish. You (your child) could have eaten these either in your home or outside the home. As I read each food, please answer yes, no, may have eaten, or can't remember.

Since [insert exposure date] did you (your child) eat any:

Poultry

- Whole chicken or cut chicken pieces/parts?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- If yes, was the chicken eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

Purchase Location Name and Location: _____

- If yes, was the chicken eaten **outside the home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

- Ground chicken?
- Breaded chicken products, such as tenders, strips or nuggets?
- Stuffed, frozen chicken products such as chicken Kiev or chicken Cordon Bleu?
- Any other frozen chicken products?
- Duck, game hen, or squab?
- Whole turkey or cut turkey pieces/parts?
- If yes, was the turkey eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

Purchase Location Name and Location:

- If yes, was the turkey eaten **outside the home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

- Ground turkey?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Since [insert exposure date] did you (your child) eat any:

Beef

- Beef steaks or roasts?
- If yes, was the beef eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

Purchase Location Name and Location:

☐ Purchased frozen?

☐ Purchased fresh?

☐ Was pink or red inside when eaten?

- If yes, was the beef eaten **outside the home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

☐ Was pink or red inside when eaten?

- Pre-made or pre-formed hamburger patties **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

Purchase Location Name and Location: _____

☐ Was pink or red inside when eaten?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

Purchase Location Name and Location: _____

☐ Was pink or red inside when eaten?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Dish Description: _____

Purchase Location Name and Location: _____

- Any dish with ground beef **at home**, such as casseroles, tacos, soups, or pasta sauces?

- Any ground beef **outside the home**? This could include foods such as hamburger or other dishes such as casseroles, tacos, soups or pasta sauces.

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location: _____

Since [insert exposure date] did you (your child) eat any:

Pork, Lamb, & Other Meats

- Ground pork?
- Any other pork product?
- Lamb?
- Bacon?
- Sausage?
- Hot dogs, corn dogs, polish sausage, kielbasa or similar?
- Pepperoni?
- Any other Italian style meats, such as salami or prosciutto?
- Bologna, pastrami, or corned beef?
- Store-bought, dried meat strips or jerky?
- Pre-packaged deli meats?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Was the pre-packaged deli meats eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

Purchase Location Name and Location: _____

- Any other deli-sliced meat (not pre-packaged)?
- Was the deli-sliced meats eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

Purchase Location Name and Location: _____

- Was the deli-sliced meats eaten **outside the home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location: _____

- Any other meat and or poultry products not mentioned?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Description: _____

Other Exposure—Food History (Section 5 – Fish and Seafood)

Fish and Seafood

Now I have some questions about fish and seafood you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) may have eaten this at home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish, sauce, or dip. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.

Since [insert exposure date] did you (your child) eat any:

- Fresh or frozen fish?
- Smoked or dried fish?
- Shrimp or prawns?
- Crab, lobster, or crayfish?
- Oysters?
- Clams, mussels, scallops, or other shellfish?
- Sushi (with raw fish or seafood)?
- Frozen fish products (fish sticks, nuggets, etc.)?
- Any other fish or seafood?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

Other Exposure—Food History (Section 6 – Eggs, Dairy, and Cheese)

Eggs, Dairy, and Cheese

Now I have some questions about fish and seafood you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) may have eaten this at home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish, sauce, or dip. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.

Since [insert exposure date] did you (your child) eat any:

- Eggs or egg-containing dishes? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
- If yes, were they raw, "runny", or "over easy"? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
- Were the eggs eaten **at home**? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Type/Brand: _____
Description of dish: _____

- Were the eggs eaten **outside of the home**? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Purchase Location Name and Location: _____

Description of dish: _____

- Anything made with raw eggs (cookie dough, cake batter, sauces, homemade ice cream, or mayo, etc)? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
- Milk? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Type/Brand: _____

☐ Type Unknown

- If yes, was the milk unpasteurized? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
- Ice cream or ice cream products? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
- If the ice cream was eaten **at home**, what was the: Type/Brand: _____

Variety/Flavor: _____
☐ Variety/Flavor Unknown

- Frozen yogurt? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
- Yogurt drinks? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Pre-packaged, shredded cheese?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

☐ Type Unknown

- Processed, sliced cheese?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Block-type cheese (cheddar, swiss, Colby, etc.)?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

☐ Type Unknown

- String-type cheese?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Cottage cheese?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Cheese curds?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Feta cheese (this could have been as part of a dish or salad)?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Blue veined cheese (gorgonzola or bleu)?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Fresh or dried parmesan, romano, or similar?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Cheese from raw/unpasteurized milk?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Mexican-style soft cheese (queso fresco, queso blanco)?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- If yes, was it homemade?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Any other gourmet or artisanal cheese?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

☐ Type Unknown

- Any other dairy products?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

☐ Type Unknown

Other Exposure—Food History (Section 7 – Fresh Fruits)

Fresh fruits

Now I have some questions about fresh or frozen fruits, not canned or cooked, you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or away from home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.

Since [insert exposure date] did you (your child) eat any:

- Apples?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

☐ Type Unknown

- Grapes?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Pears?
- Peaches?
- Nectarines?
- Apricots?
- Plums?
- Oranges?
- Grapefruit?
- Tangerines?
- Fresh lemon or lime (this could include drink garnishes)?
- Strawberries?
- Raspberries?
- Blueberries?
- Blackberries?
- Cherries?
- Any other fresh berries?

☐ Type Unknown

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

☐ Type Unknown

- Cantaloupe?
- Honeydew Melon?
- Watermelon?
- Precut melon or melon salad?
- Any other melon?
- Pineapple?
- Mango?
- Coconut (whole or shredded)?
- Any other tropical fruit (kiwi, papaya, pomegranate, etc.)?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

☐ Type Unknown

- Frozen berries?
- Other frozen fruit?
- Raisins?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Other dried fruit? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Type/Brand: _____

- Apple juice (not from concentrate)? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
- Orange juice (not from concentrate)? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
- Any other juice (not from concentrate)? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Type/Brand: _____

- Juice from frozen concentrate? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
- Any unpasteurized or raw juices or ciders? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Other Exposure—Food History (Section 8 – Fresh Vegetables)

Tomatoes & Leafy Greens

Now I have some questions about fresh vegetables you (your child) might have eaten raw or uncooked in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in vegetables that are not grown at home. As I read each food, please answer as yes, no, may have eaten, or can't remember.

Since [insert exposure date] did you (your child) eat any:

- Fresh tomatoes? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
- Were tomatoes eaten **at home**? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Purchase Location Name and Location: _____

- Where tomatoes eaten **outside the home**? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
Purchase Location Name and Location: _____

- Fresh tomatoes on sandwich, burger, or salad? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
- Fresh salsa or pico de gallo (not from a jar or can)? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type of Tomato:

- ☐ Red Round ☐ Roma
- ☐ Cherry ☐ Grape
- ☐ 'Vine-ripe', sold on the vine
- ☐ Unknown ☐ Other, _____

- Was the salsa eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

Type of Salsa:

☐ Red Salsa ☐ Green

☐ Other: _____

- Guacamole?
- Fresh, uncooked leafy greens such as spinach, lettuce, etc?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Prepackaged or Loose?

☐ Prepackaged ☐ Loose ☐ Don't Know

- Were the greens eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

Type/Brand: _____

- Were the greens eaten **outside the home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

- Lettuce on a sandwich, burger, or salad?
- Iceberg lettuce?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Prepackaged or Loose?

☐ Prepackaged ☐ Head/Loose

☐ Don't Know

- Was the iceberg lettuce eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

Type/Brand: _____

- Was the iceberg lettuce eaten **outside the home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

- Romaine lettuce?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Prepackaged or Loose?

☐ Prepackaged ☐ Head/Loose

☐ Don't Know

- Was the Romaine lettuce eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

Type/Brand:

- Was the Romaine lettuce eaten **outside the home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

- Fresh spinach?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Prepackaged or Loose?

☐ Prepackaged ☐ Head/Loose

☐ Don't Know

- Was the spinach eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

Type/Brand:

- Was the spinach eaten **outside the home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

- Cabbage?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Other leafy lettuce (red, radicchio, 'spring mix', etc.)?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Herbs & Sprouts

Now I have questions about herbs & sprouts you (your child) may have eaten in the 7 days before illness began. Remember, these could have been part of a dish such as pesto, salsa, sauces, etc. We are interested in fresh herbs, not dried or bottled herbs.

Since [insert exposure date] did you (your child) eat any:

- Fresh basil?
- Fresh cilantro?
- Other fresh herbs (parsley, sage, thyme, etc.)?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Alfalfa sprouts?
- Was the alfalfa sprouts eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

Type/Brand: _____

- Was the alfalfa sprouts eaten **outside the home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

- Other sprouts (bean, clover, broccoli, daikon radish, etc)?
- Was the other sprouts eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

Type/Brand: _____

- Was the other sprouts eaten **at home**?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

Type?

☐ Creamy ☐ Crunchy ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Purchase Location Name and Location:

- Was the other sprouts eaten **outside the home**?

Other Vegetables

Next I have a few questions about other fresh vegetables you (your child) may have eaten in the 7 days before your illness began.

Since [insert exposure date] did you (your child) eat any:

- Cucumbers, zucchini, squash?
- Bell peppers (green, red, orange, or yellow)?
- Hot chili/chile peppers (jalapenos, serranos, etc.)?
- Celery?
- Baby carrots?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Other fresh carrots?
- Other raw root vegetables (radishes, beets, turnips, etc.)?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand:_____

- Fresh, raw peas (shelled or in-pod)?
- Broccoli?
- Cauliflower?
- Raw onions (white, yellow, or red/purple)?
- Raw green onions/scallions?
- Fresh or dried mushrooms?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Other Exposure—Food History (Section 9 – Frozen Foods)

Frozen Foods

Now I have a few questions about frozen foods you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or outside the home. As I read each food, please answer yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.

Since [insert exposure date] did you (your child) eat any:

- | | |
|---|---|
| • Frozen vegetables (in bag or box)? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Frozen pot pies? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Frozen pizza? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Frozen Mexican-style foods (burritos, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Frozen snack foods (mozzarella sticks, jalapeno poppers, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Frozen breakfast items (waffles, breakfast sandwiches, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Frozen vegetarian foods (garden burgers, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Frozen pre-mixed meals in a bag or box (stir-fry, pasta meals, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Frozen dinners or box entrees? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Other frozen, prepackaged product not mentioned previously? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |

Type/Brand: _____

Other Exposure—Food History (Section 10 – Nuts, Cereals, Processed & Dried Foods)

Nuts, Cereal, Processed, and Dried Foods

Now I have some questions about nuts, cereals, and processed foods you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or away from home. As I read each food, please answer yes, no, may have eaten, or can't remember eating the food.

Since [insert exposure date] did you (your child) eat any:

- | | |
|--|---|
| • Pre-packaged peanut butter crackers? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Peanut butter? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Was the peanut butter eaten at home ? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |

Type/Brand: _____

- Peanut butter containing foods (cookies, candies, etc.)?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Ground nut butter or spread other than peanut butter (nutella, almond butter, etc.)?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

Seeds

Next I have questions about nuts and seeds you (your child) might have eaten. Remember that these may be used as toppings or mixed into many foods. If you (your child) ate any of the nuts below as part of another food please answer "yes".

Since [insert exposure date] did you (your child) eat any:

- Peanuts?
- Almonds (whole, sliced, chopped, etc.)?
- Walnuts?
- Cashews?
- Pistachios?
- Hazelnuts?
- Other whole nuts or mixed nuts?
- Sunflower seeds?
- Sesame seeds?
- Tahini, halva, or other product made from sesame seeds?
- Hummus?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Snack Foods or Cereals

Now I have questions about pre-packaged snack foods and cereals you (your child) might have had in the 7 days before your (your child's) illness began.

Since [insert exposure date] did you (your child) eat any:

- Granola bars, breakfast, power or protein bars?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Trail mix (or similar product)?
- Fruit roll-ups (or similar product)?
- Chips or pretzels?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Pre-packaged crackers, cookies, or snack cakes?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Chocolate or chocolate-containing candy?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Cold breakfast cereal?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Hot breakfast cereals like oatmeal, cream of wheat, etc.?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

Other Exposure—Food History (Section 11 – Additional Potential Food Exposures)

Additional Potential Food Exposures

We have covered a wide variety of foods, drinks, etc. After answering all these questions are there any other things you (your child) ate or drank in the 7 days before becoming ill that have not been mentioned?

E. Animal Exposure

Since [insert exposure date] did you (your child) visit or go to:

- | | |
|--|---|
| • A petting zoo or farm with livestock (cattle, sheep, goats, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Agricultural 'Farm and Feed' stores | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Pet stores, swap meets, other places where animals are shown/sold? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • County/State fairs, 4-H events, livestock show or similar event where animals are present? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |

Did you (your child) have any contact with:

- | | |
|--|---|
| • Dog/Puppy | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Cat/Kitten | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Baby chicks, duckling, or other baby poultry | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| ○ If yes, where did contact occur? | Specify location: _____ |
| ○ If yes, where were they acquired? | Specify: _____ |
| | <input type="checkbox"/> Unknown |
| • Live chickens, turkeys, or other adult poultry | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Turtles or Tortoises | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| ○ If yes, was the turtle shell under 4" in length? | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| ○ If yes, where were they acquired? | Specify: _____ |
| | <input type="checkbox"/> Unknown |
| • Snakes | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Frozen mice, rats or similar pet food for snakes | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Other reptiles (lizards, geckos, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Amphibians (frogs, toads, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Water pets in aquarium (goldfish, snails, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • Rats, mice, gerbils or hamsters | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| • "Pocket" or "exotic" pets (ferrets, hedgehogs, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know |

- Pre-packaged pet food (canned or dry)

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Pet treats or chews (pig ears, rawhide, hooves, etc.)

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Dried animal droppings or pellets (owl pellets, etc.)

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

F. Food Exposures – Infants

Now I have some questions about baby foods and drinks that your infant might have consumed in the 7 days before their illness began. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before your child got sick.

Since [insert exposure date] did your infant consume any:

- Breast milk?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Formula?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Baby cereal?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Jarred baby food?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Teething biscuits or cookies?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

- Cow's milk?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

- Other foods/drinks?

☐ Yes ☐ Maybe ☐ No ☐ Don't Know

Type/Brand: _____

KAR 28-1-6: Salmonellosis (nontyphoidal) – Enteric precautions shall be followed for the duration of acute symptoms. Each infected person with diarrhea shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until no longer symptomatic.

Public Health Interventions (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hygiene Education Provided | <input type="checkbox"/> Daycare Inspection |
| <input type="checkbox"/> Follow-up of other household member(s) | <input type="checkbox"/> Work or Daycare restriction for case |
| <input type="checkbox"/> Other | |

If other, specify: _____

That completes the interview, thank you for taking the time to answer all these questions. Your responses may be helpful in preventing others from becoming sick.

Additional notes: _____

